

FILED
Jul 18, 2001 8:00 am
Secretary of State

06-07-2001 90192 007 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000108663** (LA)

1. Entity Name
Suntrust Auto Center
TAKI

Principal Place of Business SUNTRUST AUTO CENTER INC. 7411 N.W. 54th Street Miami, FL 33166 (305) 488-9111		Mailing Address SUNTRUST AUTO CENTER INC. 7411 N.W. 54th Street Miami, FL 33166 (305) 488-9111	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 6500805307		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent SUNTRUST Auto Center 7411 N.W. 54 ST MIAMI FL 33166		7. Name and Address of New Registered Agent Name Hamid Valadkhani Street Address (P.O. Box Number is Not Acceptable) 1771 N.W. 162 AVE Pembroke Pines City FL Zip Code 33062	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE: *[Signature]* DATE: **7/7/01**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!! After MAY 1, 2001 Make Check Payable	FREE IS \$150.00 Fee will be \$550.00 to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	-\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VALADKHANI HAMID SUNTRUST AUTO CENTER INC. 7411 N.W. 54th Street Miami, FL 33166 (305) 488-9111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that the signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 687, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerer.

SIGNATURE: *[Signature]* DATE: **7/9/01**

CR2E034 (11/00)

Attachment

PA 7000108663

76433

SUNTRUST AUTO CENTER
7411 NW 54 STREET
MIAMI, FL 33166

Request taken by: sgreen
05-30-2001

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314